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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/426,063			ing Date 22/1999	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY				
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f), o	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		x s =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *]	x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	12/02/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 31	Minus	·· 31	= 0]	X \$26 =	0	OR	x \$ =		
	Independent (37 CFR 1,16(h))	• 6	Minus	8	= 0]	X \$110 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=]	x s =		OR	x \$ =		
Ω	Independent (37 CFR 1.16(h))	٠	Minus	***	=]	x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))					ı			1			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 10° in column 3. "If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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